

EXHIBIT D

STATE OF INDIANA) IN THE BOONE SUPERIOR COURT 1
) SS:
 COUNTY OF BOONE) CAUSE NO. 06D01-

NEIL BURCH,)
)
 Plaintiff,)
)
 vs.)
)
 SHEIN DISTRIBUTION CORPORATION and)
 STYLE LINK LOGISTICS LLC,)
)
 Defendants.)

APPEARANCE ON BEHALF OF PLAINTIFF

1. The party on whose behalf this form is being filed is:
 Initiating ☒ Responding ☐ Intervening ☐ Limited ☐ ; and
 the undersigned attorney and all attorneys listed on this form now appear in this
 case for the following party: **NEIL BURCH**
2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: Jason P. Cleveland
 Atty Number: 24126-53
 Address: CLEVELAND LEHNER CASSIDY
 1901 Broad Ripple Ave.
 Indianapolis, IN 46220
 Phone: 317-388-5424
 Email Address: jason@clcattorneys.com

Name: Thaddeus M. Keefer
 Atty Number: 36337-49
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IMPORTANT: Each attorney specified on this appearance:

- (a) Certifies that the contact information listed for him/her on the Indiana Supreme Court Roll of Attorneys is current and accurate as the date of this Appearance;
 - (b) Acknowledges that all orders, opinions, and notices from the court in this matter that are served under Trial Rule 86(G) will be sent to the attorney at the email address(es) specified by the attorney on the Roll of Attorneys regardless of the contact information listed above for the attorney; and
 - (c) Understands that he is solely responsible for keeping his Roll of Attorneys contact information current and accurate, see Ind. Admis. Disc. R. 2(A).
3. This is an PL case type as defined in administrative Rule 8(B)(3).
4. This case involves child support issues. ☐ Yes ☒ No
5. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. ☐ Yes ☒ No *(If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of the petitioner.)* The party shall use the following address for purposes of legal service:
6. This case involves a petition for involuntary commitment. ☐ Yes ☒ No
7. I will accept service by:
FAX at the above noted number: ☐ Yes ☒ No
Email at the above noted number: ☐ Yes ☒ No
8. There are related cases: ☐ Yes ☒ No *(If yes, list on continuation page.)*
9. Additional information required by local rule: None
10. This form has been served on all other parties and Certificate of Service is attached.
☐ Yes ☒ No

Respectfully Submitted:

s/Jason P. Cleveland

Jason P. Cleveland, 24126-53
Attorney for Plaintiff